

COMPLETE THIS SECTION ON DELIVERY

- Item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse
 so that we can return the card to you.
 Attach this card to the back of the mailpiece,
 or on the front if space permits.

Richard Allen
 Commissioner
 Alabama Department of Corrections
 P. O. Box 301501
 Montgomery, AL 36130

A. Signature		<i>Dixie P. Hope</i>	<input checked="" type="checkbox"/> Agent
B. Received by (Printed Name)		<input type="checkbox"/> Addressee	
C. Date of Delivery			

1. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	
<input type="checkbox"/> Yes	

MCW335 cmp + order

2. Article Number (Transfer from service label)	7006 2760 0005 4873 7705
Domestic Return Receipt	

PS Form 3811, February 2004

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